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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JUST JUNIPER JUC.  (Name of corporation)
DOCUMENT NUMBER: POODO 104188
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EMIC S. Colucci (Name of person)
· · · · · · · · · · · · · · · · · · ·
Name of firm/dompany)  6580 GANTON PLACE  (Address)
WestERVILLE OH 43982— (City/state and zip code)
For further information concerning this matter, please call:
EMIL COLUCCI at (614) 794-0568  (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	7.1509,		
Florida Statutes, the undersigned,			
hereby resigns as Registered Agent for	hc.	•—	
A copy of this resignation was mailed to the above listed corporation at its last known	wn addi	ress.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on whic	ch	
(Signature of resigning agent)	»cCRET	03 FEB	
If signing on behalf of an entity:	SSEE, FI	H PM	
(Typed or Printed Name)	STATE	2: 38	U
(Capacity)			

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314